

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME

Norplex Oak
NE County Road
Postville Ia. 52162

EPA ID NO.

IA0073489288


 RECEIVED
 U.S. ENVIRONMENTAL
 PROTECTION AGENCY
 FEB 20 1990
 1989 Hazardous Waste Report
 390.01

FORM

IC

IOWA SECTION
IDENTIFICATION AND
CERTIFICATION**INSTRUCTIONS:** Read the detailed instructions beginning on page 7 of the 1989 Hazardous Waste Report booklet before completing this form.**SEC. I** Site name and location address. Complete Items A through H. Check the box ☒ in items A, B, D, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 7.

A. EPA ID No.

Same as label ☐ or IA0073489288

B. Site/company name

Same as label ☐ or Norplex Oak

C. Has the site name associated with this EPA ID changed since 1987?

☒ 1 Yes
☒ 2 No

D. Street name and number. If not applicable, enter industrial park, building name or other physical location description.

Same as label ☐
or NE County Road

E. City, town, village, etc.

Same as label ☐
or Postville

F. County

Allamakee

G. State

Same as label ☐
Ia

H. Zip Code

Same as label ☐
52162**SEC. II** Mailing address of site. Instruction page 7.

A. Is the mailing address the same as the location address?

☒ 1 Yes (SKIP TO SEC. III)
☐ 2 No (COMPLETE SEC. II)

B. Number and street name of mailing address

C. City, town, village, etc.

D. State

E. Zip Code

R00330185
RCRA RECORDS CENTER**SEC. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 7.

A. Please print: Last name

First name

M.I.

B. Title

C. Telephone

Sattler ThomasR.Manufacturing
Engineer319 864-7321Extension **SEC. IV**

Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 8.

A.

2672

B.

2821

C.

3081

D.

3089**SEC. V**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Number of form pages submitted

Form IC 2Form GM 7Form WR MAForm PS 1

B. Please print: Last name

First name

M.I.

C. Title

GilbertJamesWPlant Manager

D. Signature

James Gilbert

E. Date of signature

02 15 90
MO. DAY YR.Page 1 of 10

Sec. VI	Generator Status	390.02
A. 1989 generation (CHECK ONE BOX BELOW) Instruction page 8		B. Reason for not generating (CHECK ALL THAT APPLY) Page 10
<input type="checkbox"/> 1 No (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 LQG <input type="checkbox"/> 3 SQG <input type="checkbox"/> 4 CESQG		<input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY IN COMMENTS)

Sec. VII	On-Site Waste Management Status
A. Storage Instruction page 11 <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">1</div>	B. RCRA treatment, recycling, or disposal Page 11 <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">1</div>
C. RCRA-exempt treatment, recycling, or disposal Page 12 <div style="text-align: center; border: 1px solid black; width: 50px; margin: 0 auto;">3</div>	

Sec. VIII	Waste Minimization Activity during 1988 or 1989
A. Did this site begin or expand a <u>source reduction</u> activity during 1988 or 1989? Instruction page 12 <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
B. Did this site begin or expand a <u>recycling</u> activity during 1988 or 1989? Page 13 <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
C. Did this site conduct a <u>source reduction or recycling opportunity assessment</u> during 1988 or 1989? Page 13 <input checked="" type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
D. What factors have limited this site from initiating new <u>source reduction</u> activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 13 <input checked="" type="checkbox"/> 01 No factors have limited new source reduction activities. <input checked="" type="checkbox"/> 02 Insufficient capital to install new source reduction equipment or implement new source reduction practices. <input checked="" type="checkbox"/> 03 Lack of technical information on source reduction techniques applicable to the specific production processes. <input type="checkbox"/> 04 Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment. <input type="checkbox"/> 05 Concern that product quality may decline as a result of source reduction. <input type="checkbox"/> 06 Technical limitations of the production processes. <input type="checkbox"/> 07 Permitting burdens. <input type="checkbox"/> 08 Other (SPECIFY IN COMMENTS)	
E. What factors have limited this site from initiating new on-site or off-site <u>recycling</u> activities during 1988 or 1989? (CHECK ALL THAT APPLY) Page 13 <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input checked="" type="checkbox"/> 01 No factors have limited new recycling activities. <input checked="" type="checkbox"/> 02 Insufficient capital to install new recycling equipment or implement new recycling practices. <input checked="" type="checkbox"/> 03 Lack of technical information on recycling techniques applicable to this site's specific production processes. <input type="checkbox"/> 04 Recycling not economically feasible: cost savings in waste management or production will not recover the capital investment. <input type="checkbox"/> 05 Concern that product quality may decline as a result of recycling. <input type="checkbox"/> 06 Requirements to manifest wastes inhibit shipments off site for recycling. </div> <div style="width: 48%;"> <input type="checkbox"/> 07 Financial liability provisions inhibit shipments off site for recycling. <input type="checkbox"/> 08 Technical limitations of product processes inhibit shipments off site for recycling. <input type="checkbox"/> 09 Technical limitations of production processes inhibit on-site recycling. <input type="checkbox"/> 10 Permitting burdens inhibit recycling. <input type="checkbox"/> 11 Lack of permitted off-site recycling facilities. <input type="checkbox"/> 12 Unable to identify a market for recyclable materials. <input type="checkbox"/> 13 Other (SPECIFY IN COMMENTS) </div> </div>	

Comments:

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SITE NAME Norplex Oak
NE County Rd.
Postville, Iowa 52162

EPA ID NO. IA 1071314181921818



U.S. ENVIRONMENTAL
PROTECTION AGENCY
390.04
1989 Hazardous Waste Report

IOWA
FORM
GM

SECTION
WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15				
Rags used for clean-up contaminated with flammable solvents.					
B. EPA hazardous waste code Page 15			C. State hazardous waste code Page 18		
E 10103			N A		
D. SIC code Page 16		E. Source code Page 18		F. Form code Page 18	
3101819		A1019		B141019	
H. TRI constituent Page 17		I. CAS numbers Page 17			
3		1. 1617-516-1 2. 110181-8181-13 3. 1617-614-1 4. 7181-9131-13			

Sec. II	A. Quantity generated in 1988 Instruction Page 17		B. Quantity generated in 1989 Page 17		C. UOM Page 18	D. Density Page 18	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18	
		N A		1		1 lbs/gal 2 sg		<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
SYSTEM 1					SYSTEM 2			
System type Page 18		Quantity treated, disposed or recycled in 1989 Page 18		System type Page 18		Quantity treated, disposed or recycled in 1989 Page 18		
M				M				

Sec. III	A. Was this waste shipped off site? Instruction Page 18			<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)		
Site 1	B. EPA ID No. of facility to which waste was shipped Instruction Page 19		C. System type Page 19		D. Total quantity shipped in 1989 Page 19	
	M11D191810161115121918		M101413		1101010	
Site 2			M			

Sec. IV	A. Waste minimization results in 1989 Instruction Page 20					<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 21		C. Other effects Page 21		D. Quantity recycled in 1989 due to new activities Page 21		E. Activity/Production Index Page 21		F. Source Reduction Quantity Page 22	
W		1 Yes							
W		2 No							

Comments: Sec. I Box F Rags
Sec. I Box I Glycol Ethers

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SITE NAME Norplex Oak
NE County Rd.
Postville, Iowa 52162

EPA ID NO. IA 10107 13141 81921818



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WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 Spent melamine resin and water from coater cleaning.			
B. EPA hazardous waste code Page 15 <u>D10101</u> <u>F0003</u> <u>NA</u> <u>NA</u>		C. State hazardous waste code Page 16 <u>NA</u> <u>NA</u>		
D. SIC code Page 18 <u>13089</u>	E. Source code Page 18 <u>A1019</u>	F. Form code Page 18 <u>B1114</u>	G. Origin Page 18 Code <u>11</u> System type <u>M</u>	
H. TRI constituent Page 17 <u>2</u>	I. CAS numbers Page 17 1. <u> </u> - <u> </u> - <u> </u> 2. <u> </u> - <u> </u> - <u> </u> 3. <u> </u> - <u> </u> - <u> </u> 4. <u> </u> - <u> </u> - <u> </u> 5. <u> </u> - <u> </u> - <u> </u>			

Sec. II	A. Quantity generated in 1988 Instruction Page 17 <u> 16900</u>	B. Quantity generated in 1989 Page 17 <u> 17900</u>	C. UOM Page 18 <u>11</u>	D. Density Page 18 <u> </u> . <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
SYSTEM 1 System type Page 18 <u>M</u>			SYSTEM 2 System type Page 18 <u>M</u>		
Quantity treated, disposed or recycled in 1989 Page 18 <u> </u>			Quantity treated, disposed or recycled in 1989 Page 18 <u> </u>		

Sec. III	A. Was this waste shipped off site? Instruction Page 18 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)		
Site 1	B. EPA ID No. of facility to which waste was shipped Instruction Page 19 <u>MI11D 01010171214181311</u>	C. System type Page 19 <u>MI11312</u>	D. Total quantity shipped in 1989 Page 19 <u> 1141213101</u>
Site 2	<u>ARI D1016917141811912</u>	<u>MI01411</u>	<u> 1361701</u>

Sec. IV	A. Waste minimization results in 1989 Instruction Page 20 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 21 <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 21 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1989 due to new activities Page 21 <u> </u>	E. Activity/Production Index Page 21 <u> </u> . <u> </u>	F. Source Reduction Quantity Page 22 <u> </u>	

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EPA ID NO. IA ID1071314181921818



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1989 Hazardous Waste Report

FORM IOWA
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SECTION
WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15 Spent ferric chloride solution from acid etcher used for product testing.			
B. EPA hazardous waste code Page 15 <u>1D1001</u> <u>1D1002</u> <u>11NA</u> <u>11N1A</u>		C. State hazardous waste code Page 16 <u>1111N1A</u> <u>1111N1A</u>		
D. SIC code Page 16 <u>3101819</u>	E. Source code Page 16 <u>1A217</u>	F. Form code Page 16 <u>1B11013</u>	G. Origin Page 16 Code <u>11</u> System type <u>1111</u>	
H. TRI constituent Page 17 <u>12</u>	I. CAS numbers Page 17 1. <u>1111111111111111</u> 2. <u>1111111111111111</u> 3. <u>1111111111111111</u> 4. <u>1111111111111111</u> 5. <u>1111111111111111</u>			

Sec. II	A. Quantity generated in 1988 Instruction Page 17 <u>116010</u>	B. Quantity generated in 1989 Page 17 <u>19101010</u>	C. UOM Page 18 <u>1</u>	D. Density Page 18 <u>1</u> lbs/gal <u>1</u> sg	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18 <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
SYSTEM 1 System type Page 18 <u>1111</u>		Quantity treated, disposed or recycled in 1989 Page 18 <u>1111111111</u>		SYSTEM 2 System type Page 18 <u>1111</u>		Quantity treated, disposed or recycled in 1989 Page 18 <u>1111111111</u>

Sec. III	A. Was this waste shipped off site? Instruction Page 19 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)		
Site 1	B. EPA ID No. of facility to which waste was shipped Instruction Page 19 <u>MIID109801119192</u>	C. System type Page 19 <u>1M101719</u>	D. Total quantity shipped in 1989 Page 19 <u>19101010</u>
Site 2	<u>1111111111111111</u>	<u>1111</u>	<u>1111111111111111</u>

Sec. IV	A. Waste minimization results in 1989 Instruction Page 20 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)				
B. Activity Page 21 <u>1W11</u> <u>1W11</u> <u>1W11</u> <u>1W11</u>	C. Other effects Page 21 <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1989 due to new activities Page 21 <u>1111111111111111</u>	E. Activity/Production Index Page 21 <u>1111</u>	F. Source Reduction Quantity Page 22 <u>1111111111111111</u>	

Comments:

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Postville, Iowa 52162

EPA ID NO. IA ID 07 13 14 8 9 12 18 18



U.S. ENVIRONMENTAL
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390.09
1989 Hazardous Waste Report

FORM
GM

OVER A SECTION

WASTE GENERATION AND
MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 14 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description Instruction Page 15			
Still bottoms from solvent recovery batch distillation unit containing small amounts of various solvents.				
B. EPA hazardous waste code Page 15		C. State hazardous waste code Page 16		
1 3 1 0 1 3 1 1 N I A 1 1 1 N A 1 1 1 N A		1 1 1 1 1 N I A 1 1 1 1 1 N I A		
D. SIC code Page 16	E. Source code Page 16	F. Form code Page 16	G. Origin Page 16 Code 3	
1 3 1 0 1 8 9	1 A 7 1 3	1 B 1 4 1 0 3	System type 1 M 1 0 1 2 1 1	
H. TRI constituent Page 17	I. CAS numbers Page 17			
3	1. 1 1 1 1 6 1 7 - 5 1 6 - 1 1 2. 1 1 1 1 0 1 8 - 8 1 8 - 1 3 3. 1 1 1 1 6 1 7 - 1 6 4 - 1 4. 1 1 1 1 1 1 1 - 1 1 1 - 1 1 5. 1 1 1 1 7 1 8 - 9 1 3 - 1 3			

Sec. II	A. Quantity generated in 1988 Instruction Page 17	B. Quantity generated in 1989 Page 17	C. UOM Page 18	D. Density Page 18	E. Was this waste treated, disposed or recycled on site or discharged to a sewer/POTW? Page 18
	1 1 1 1 1 1 1 1 1 N I A	1 1 1 1 1 1 6 1 3 5 1 0	1	1 1 . 1 1 <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 kg	<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
SYSTEM 1			SYSTEM 2		
System type Page 18		Quantity treated, disposed or recycled in 1989 Page 18		System type Page 18	
1 M 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1		1 M 1 1 1 1	

Sec. III	A. Was this waste shipped off site? Instruction Page 19		
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC. IV)			
Site 1	B. EPA ID No. of facility to which waste was shipped Instruction Page 19	C. System type Page 19	D. Total quantity shipped in 1989 Page 19
	1 M 1 1 D 9 1 8 1 0 1 6 1 1 5 1 2 1 9 1 8	1 M 1 0 1 4 1 1	1 1 1 1 1 1 6 1 3 5 1 0
Site 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 M 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1

Sec. IV	A. Waste minimization results in 1989 Instruction Page 20				
<input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 21	C. Other effects Page 21	D. Quantity recycled in 1989 due to new activities Page 21	E. Activity/Production Index Page 21	F. Source Reduction Quantity Page 22	
1 W 1 1 1 1 W 1 1 1 1	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	1 1 1 1 1 1 1 1 1 1 1 1	1 1 . 1 1	1 1 1 1 1 1 1 1 1 1 1 1	

Comments: Sec I Box I. Glycol ethers

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Postville, Iowa 52162

EPA ID NO. I I A D O 1 7 1 3 1 4 8 9 1 2 B 1 8



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390.10
IOWA SECTION
1989 Hazardous Waste Report

FORM
PS

WASTE TREATMENT, DISPOSAL,
OR RECYCLING PROCESS
SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 30 of the 1989 Hazardous Waste Report booklet before completing this form.

Sec.
I

A. Waste treatment, disposal or recycling system description
Instruction Page 38

Solvent recovery thru batch distillation
of flammable solvents from coater cleaning.

B. System type
Page 38

1 0 1 2 1 1

C. Regulatory status
Page 38

1 0 1 7

D. Operational status
Page 37

1 0 1 1

E. Unit types
Page 37

1 0 1 1

1 0 1 2

Sec.
II

A. 1989 Influent quantity
Instruction Page 38

UOM

Density

Total 1 1 3 1 4 1 3 1 5 1 0

1 1

 .

RCRA 1 1 3 1 4 1 3 1 5 1 0

☐ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 39

Total 1 2 4 0 0 0 0 0

RCRA 1 2 4 0 0 0 0 0

C. 1989 liquid effluent quantity
Page 40

UOM

Density

Total N I A

 .

RCRA N I A

☐ 1 lbs/gal ☐ 2 sg

D. 1989 solid/sludge residual quantity
Page 41

UOM

Density

Total 1 6 3 1 5 1 0

1 1

 .

RCRA 1 6 3 1 5 1 0

☐ 1 lbs/gal 2 ☐ sg

E. Limitations on capacity
Page 41

1. 0 1 5 2. N I A 3. N I A

F. Commercial availability code
Page 41

1 1

G. Percent capacity commercially available
Page 42

 N I A %

Sec.
III

A. Planned change in maximum operational capacity
Instruction Page 42

☐ 1 Yes (CONTINUE TO BOX B)

☒ 2 No (THIS FORM IS COMPLETE)

B. New maximum operational capacity
Page 42

UOM

Total

RCRA

C. Planned year of change
Page 43

1 1 9

D. Future commercial availability code
Page 43

E. Percent future capacity commercially available
Page 43

 %

Comments:

Sec 1 Box C System is a batch distillation unit for which no permitting is required, however the regulations for hazardous waste generation do apply.

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Postville, Iowa 52162

EPA ID NO. I A D 07 3 48 9 2 8 8



FORM

OI

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1989 Hazardous Waste Report ^{390.11}

OFF-SITE IDENTIFICATION

MAR 28 1991

IOWA SECTION

INSTRUCTIONS: Read the detailed instructions on the back of this page before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>W I D 10 9 1 0 1 8 9 6 4 1 1</u>	B. Name of off-site installation or transporter <u>Safety Kleen Corp.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>21091 Ward Ave.</u> City <u>IaCrosse</u> State <u>WI</u> Zip Code <u>53416</u> 10 11 - - - - -
Site 2	A. EPA ID No. of off-site installation or transporter <u>M I D 1 9 8 1 0 6 1 1 5 1 2 9 1 8</u>	B. Name of off-site installation or transporter <u>Petrochem Processing</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>515 Lyncaste</u> City <u>Detroit</u> State <u>MI</u> Zip Code <u>48121</u> 11 41 - - - - -
Site 3	A. EPA ID No. of off-site installation or transporter <u>M I D 1 0 1 0 0 7 1 2 1 4 8 1 3 1 1</u>	B. Name of off-site installation or transporter <u>Michigan Disposal</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>49350 N. I-94 Service Drive</u> City <u>Belleville</u> State <u>MI</u> Zip Code <u>41811</u> 11 11 - - - - -
Site 4	A. EPA ID No. of off-site installation or transporter <u>A I R D 1 0 1 6 9 1 7 4 1 8 1 1 9 2</u>	B. Name of off-site installation or transporter <u>Ensco Inc.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>American Road</u> City <u>El Dorado</u> State <u>AR</u> Zip Code <u>71730</u> - - - - -
Site 5	A. EPA ID No. of off-site installation or transporter <u>M I D 1 0 9 8 1 0 1 1 9 1 9 1 2</u>	B. Name of off-site installation or transporter <u>Cyanokem Ind.</u>
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR		D. Address of off-site installation Street <u>12381 Schafer Highway</u> City <u>Detroit</u> State <u>MI</u> Zip Code <u>48121</u> 21 7 - - - - -

Comments:

EPA ID NO. I A D 07 3 4 8 9 2 8 8



OFF-SITE IDENTIFICATION

